

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. MADDOX

State File No. ....

15132

BIRTH NO. ....		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>451</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>3 WKS.</u>		c. CITY OR TOWN <u>SPRINGFIELD,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>913 E. WALNUT</u> <span style="float: right;">0396</span>			
3. NAME OF DECEASED (Type or Print) <u>NATHALIE</u>		a. (First) <u>C.</u>		b. (Middle) <u>BALDWIN</u>		c. (Last)	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 11, 1882</u>	
9. AGE (in years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>V/PRES. ROGERS &amp; BALDWIN HDWR. CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BOSTON, MASS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ERNEST CADUC</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BISHOP</u>		14. NAME OF HUSBAND OR WIFE <u>WINN BALDWIN (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-32-9995</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PAULINE BALDWIN</u> ADDRESS <u>SPRINGFIELD, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  4201				INTERVAL BETWEEN ONSET AND DEATH <u>24 days.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/7</u> , 19 <u>49</u> , to <u>5/22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/22</u> , 19 <u>55</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. P. Maddox</u>		(Degree or Title) <u>M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>5/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-24-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. JUNE 1, 1955, DIRECTOR'S SIGNATURE <u>Dr. P. Maddox</u>		ADDRESS <u>SPRINGFIELD, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ebenezer Lohmeyer*.....

Licensed Embalmer No. *247*.....

P. O. Address *Spokane*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.